



1642\$

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

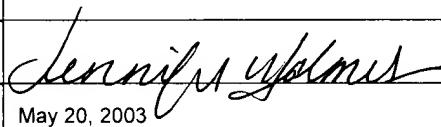
Application Number	09/538,106
Filing Date	March 29, 2000
First Named Inventor	Frank McKeon
Group Art Unit	1642
Examiner Name	C. Yaen

Total Number of Pages in This Submission	31	Attorney Docket Number	HMV-038.02
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## ENCLOSURES (check all that apply)

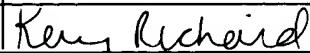
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Response and Amendment including Exhibits A-D; Request for Three-Month Extension of Time; Fee Transmittal Form; and Check in the sum of \$537.00.</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	<b>Customer No 25181</b>

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer K. Holmes
Signature	
Date	May 20, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 20, 2003

Typed or printed name	Kerry Richard
Signature	
Date	May 20, 2003

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MAY 23 2003

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 537)

Attorney Docket No. HMV-038.02

Complete if Known

Application Number	09/538,106
Filing Date	March 29, 2000
First Named Inventor	Frank McKeon
Examiner Name	C. Yaen
Group / Art Unit	1642

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## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:Deposit Account Number 06-1448Deposit Account Name 
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27
2.  Payment Enclosed:
 Check     Credit card     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375		Utility filing fee	
1002 330	2002 165		Design filing fee	
1003 520	2003 260		Plant filing fee	
1004 750	2004 375		Reissue filing fee	
1005 160	2005 80		Provisional filing fee	

SUBTOTAL (1) (\$0)

## 2. EXTRA CLAIM FEES

Total Claims	-22	=	8	X	9	=	72.00	Extra Claims	Fee from below	Fee Paid
Independent Claims		-	**	=	0	X				
Multiple Dependent				X		=	0			

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9		Claims in excess of 20	
1201 84	2201 42		Independent claims in excess of 3	
1203 280	2203 140		Multiple dependent claim, if not paid	
1204 84	2204 42		** Reissue independent claims over original patent	
1205 18	2205 9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 72.00)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

3. ADDITIONAL FEES	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	Surcharge - late filing fee or oath	
1052	50	2052	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	Non-English specification	
1812	2,520	1812	For filing a request for reexamination	
1804	920*	1804	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	Requesting publication of SIR after Examiner action	
1251	110	2251	Extension for reply within first month	
1252	410	2252	Extension for reply within second month	
1253	930	2253	Extension for reply within third month	465.00
1254	1,450	2254	Extension for reply within fourth month	
1255	1,970	2255	Extension for reply within fifth month	
1401	320	2401	Notice of Appeal	
1402	320	2402	Filing a brief in support of an appeal	
1403	280	2403	Request for oral hearing	
1451	1,510	1451	Petition to institute a public use proceeding	
1452	110	2452	Petition to revive – unavoidable	
1453	1,300	2453	Petition to revive – unintentional	
1501	1,300	2501	Utility issue fee (or reissue)	
1502	470	2502	Design issue fee	
1503	630	2503	Plant issue fee	
1460	130	1460	Petitions to the Commissioner	
1807	50	1807	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	Submission of Information Disclosure Stmt	
8021	40	8021	Recording each patent assignment per property (times number of properties)	
1809	750	2809	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	Request for Continued Examination -RCE	
1802	900	1802	Request for expedited examination of a design application	

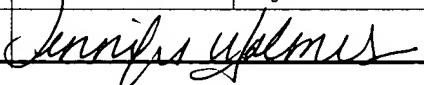
Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 537.00)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jennifer K. Holmes	Registration No. Attorney/Agent)	46778	Telephone	617-832-1770
Signature				Date	May 20, 2003